

215040591  
62697

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	<b>Total Number of Vehicles</b>	Local No./ District 598	Agency Case No. B5-092408	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1 01	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y 10/04/2015		(In Military Time) TIME OF ACCIDENT 1345	STATE USE ONLY  10/04/2015								
A/2	<b>PLACE OF ACCIDENT</b>	COUNTY Lancaster	POLICE NOTIFIED 1345										
B 65	CITY Lincoln	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO											
C 1	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/ HIGHWAY NO. South 27th Street, Sumner St - Arlington Ave		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE								
D 1	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE								
E 1	<b>IF AT INTERSECTION</b>		<b>IF NOT AT INTERSECTION</b>										
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
				30.00	X	Arlington Ave							
V1/M 10	<b>IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b>												
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN								
F 2	<b>R. WORK ZONE CODES</b>	R1 R2 R3 R4	<b>S. PEDESTRIAN CLASSIFICATION CODES</b>	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
<b>VEHICLE NO. 1</b>													
F 1	<b>DRIVER LICENSE NO.</b>	H13570944		<b>STATE (Of License)</b>	NE	<b>SEX</b> <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V1/N 1	<b>DRIVER</b>	MITCHELL D BRUNS		<b>PHONE</b>	402-450-1300								
V2/N 1	<b>DRIVER ADDRESS</b>	CITY, STATE, ZIP 6237 HUNTINGTON AVE, LINCOLN, NE 68507		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	09/04/1996								
G 4	<b>OWNER</b>	ROBERT J BRUNS / RONDA L BRUNS		<b>PHONE</b>	402-450-8612								
H 5	<b>OWNER ADDRESS</b>	CITY, STATE, ZIP 6237 Huntington Ave, Lincoln, NE 68507		<b>CITATION</b>	<input checked="" type="radio"/> YES <input type="radio"/> NO	<b>CITATION NO.</b> LB490214							
I 2	<b>LICENSE PLATE</b>	TE NO.	RRH616	<b>YEAR (Plate Expires)</b>	2016	<b>STATE (Of Plate)</b> NE							
V1/O 2	<b>VEHICLE</b>	YEAR	2002	MAKE	Chevrolet	MODEL	Silverado	BODY STYLE	Pickup truck	COLOR	black	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 500
V2/O 2	<b>VEHICLE ID No. (VIN)</b>	2GCEK19T721257778		<b>INSURANCE COMPANY</b>		American Family Insurance							
J 01	<b>TOWED TO</b>	<b>TOWED BY</b>		<b>POLICY NO.</b>			0816-1722-08-97-FPPA-NE						
<b>VEHICLE NO. 2</b>													
I 1	<b>DRIVER LICENSE NO.</b>	H13212611		<b>STATE (Of License)</b>	NE	<b>SEX</b> <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V1/P 1	<b>DRIVER</b>	SARA R PEREZ		<b>PHONE</b>	402-450-4286								
V2/P 1	<b>DRIVER ADDRESS</b>	CITY, STATE, ZIP 1150 North 14th Street, Room #710, Lincoln, NE 68588		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	10/15/1997								
J 01	<b>OWNER</b>	JUAN C PEREZ-CARDIEL		<b>PHONE</b>	308-746-1529								
K 01	<b>OWNER ADDRESS</b>	CITY, STATE, ZIP 1308 N. Madison Street, Lexington, NE 68850		<b>CITATION</b>	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	<b>CITATION NO.</b>							
V1/Q 4	<b>LICENSE PLATE</b>	PA NO.	18AK29	<b>YEAR (Plate Expires)</b>	2015	<b>STATE (Of Plate)</b>	NE						
V2/Q 4	<b>VEHICLE</b>	YEAR	2005	MAKE	Nissan	MODEL	Altima	BODY STYLE	4 door Sedan	COLOR	gray	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1500
K 01	<b>VEHICLE ID No. (VIN)</b>	1N4AL11D15C151945		<b>INSURANCE COMPANY</b>		Allied Property & Casualty							
		<b>TOWED TO</b>		<b>TOWED BY</b>		<b>POLICY NO.</b>			7273018770				
<b>Complete this section for all injured persons</b> (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	<b>SEX</b> M F			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.								
VEH. #	NAME	ADDRESS											
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.								
VEH. #	NAME	ADDRESS											
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.								

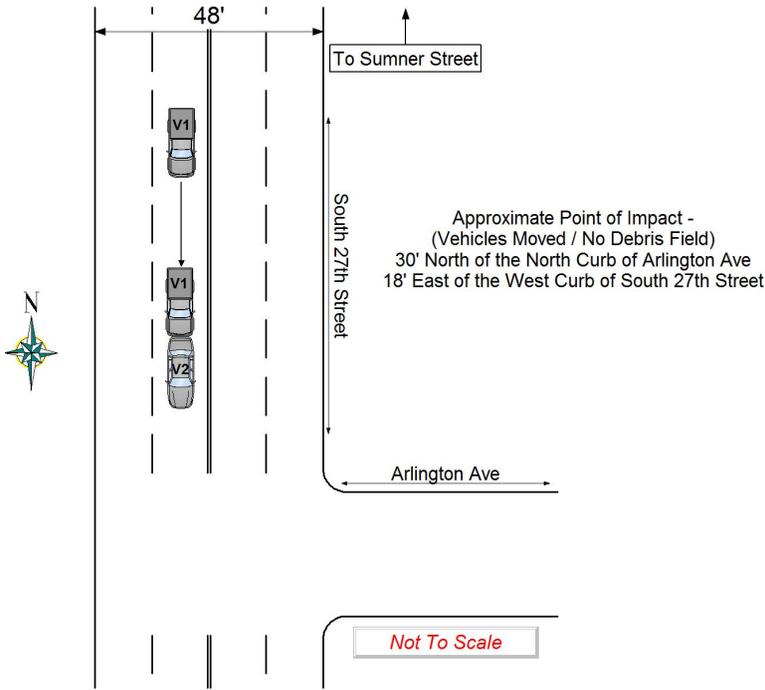
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-092408



Indicate North by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 indicated he was SB on South 27th Street in stop & go traffic. D1 indicated traffic started to move & he began to accelerate. D1 indicated he looked down at his radio & when he looked back ahead traffic had come to a stop again. D1 indicated he applied his brakes but could not avoid striking V2. D1 estimated his speed at 15mph before he hit his brakes. D2 indicated she was SB on South 27th Street when the vehicle in front of her came to a stop. D2 indicated she came to a stop in traffic & was then struck from behind by V1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS											
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																		
1		X			South 27th Stre				VEHICLE 1				VEHICLE 2				VEH 1				VEH 2						
2		X			South 27th St				VEHICLE 1				VEHICLE 2				VEH 1				VEH 2						
1	01	06 Turning left		07 Making U-turn		08 Entering traffic lane		09 Leaving traffic lane		10 Parked		11 Slowing or stopped in traffic		12 Other		13 Unknown		00 None		01		02		03		04	
2	11	09		10		11		12		00		01		02		03		04		05		06		07		08	
OFFICER NO. 763				TROOP/TEAM/BEAT 5				DEPARTMENT Lincoln Police Department				ALCOHOL/DRUGS SUSPECTED				Photographs taken?											
INVESTIGATOR NAME (Print or Type) Brian Hoefler				INVESTIGATOR SIGNATURE Approved by Officer Brian Hoefler				DATE OF REPORT 10/04/2015																			